



Cascades 3.7 Training Materials
Non-food Benefit Changes

Cascades 3.7

- We'll implement on **Monday, October 18th**
- We divided the training into 2 PowerPoints
 - Each PowerPoint is self-guided
 - The PowerPoints aren't narrated
 - We provided additional information in the PowerPoint Notes handout
 - You can also view the PowerPoint notes using the Annotations view
- This PowerPoint covers the non-food benefit related changes listed on the next slide



Cascades 3.7 Enhancement Release

We'll implement Cascades 3.7 in clinics across the state on Monday, October 18th. This is Washington WIC's 3rd enhancement of Cascades. The state System Enhancement Committee (SEC) reviews all enhancement requests and uses specific criteria to determine what goes into each release. The criteria includes: federal requirements, usability, benefit issuance, participation, as well as budget and resources.

We divided the training into 2 PowerPoint presentations. Each presentation is self-guided without narration. We provided additional information in the PowerPoint Notes handout. You can also see the notes using the Annotations view. See the 3 dots in the upper right corner and select "Annotations" to see the notes along with the PowerPoint slides.

One presentation covers the food benefit related changes. This presentation covers the non-food related changes which are listed on the next slide. Each presentation is self-guided without narration and will take about 30 – 45 minutes to complete.

CASCADES 3.7 ENHANCEMENT RELEASE

TOPICS

- Current pregnancy weight status
- Low Pregnancy Weight Gain
- High Pregnancy Weight Gain
- Transfer Into State
 - During the month the child turns 5 years of age
 - Infants certified between 7 – 12 months of age
- Presume Eligible (PE) participant with missing proof(s)
- Journal of Transactions – Family ID
- Family Services Analysis
- View scanned documents
- Detailed participant information
- Spell check icon

Please review the topics relevant to your role in the clinic

The topics, or software changes, covered in this training include:

- Current pregnancy weight status – Cascades will now use only the participant’s current pregnancy weight status to determine weight related risks for this pregnancy.
- Low pregnancy weight gain –The federal risk criteria will be calculated correctly for pregnant participants with low weight gain.
- High pregnancy weight gain – All portions of the federal risk criteria will now be used to determine high weight gain status during the pregnancy.
- Transfer into state – There are 2 fixes to the Transfer Into State function:
 - Staff can transfer in a child from another state who has already turned 5 years old in the current month and has eligibility through the rest of the month.
 - Staff can also transfer in an infant or child who was certified between 7 and 12 month of age and give the federally required 6-month eligibility period.
- Presume Eligible participant with missing proof(s) – Cascades will enforce policy and not enable the Complete Assessment button or issue food benefits beyond the 30-day temporary certification period for Pregnant participants who were presumed eligible with missing proof(s) until the proof and all other required information is documented in

the system.

- Journal of Transactions – Family ID instead of name will appear in the Journal of Transactions (JOT) for participants transferred between families in Cascades.
- View scanned documents – Staff can now view scanned documents in Cascades.
- The detailed participant icon and the Spell Check icons now display completely.



Current Pregnancy Weight Status

*Cascades now only uses
current pregnancy weights to
determine risk*

The Cascades 3.7 release fixes several issues related to pregnancy weight gain risk assessment. The first is to use only current pregnancy weight status to determine risk.

CURRENT PREGNANCY WEIGHT

Current pregnancy status is used to determine risk

- Cascades will only use measurements from the current pregnancy to determine weight-related risks.
- Previously Cascades used measurements entered from a prior pregnancy in some cases.



It's vital to use current pregnancy information to determine weight-related risks and assist pregnant participants to gain the recommended amount of weight for a health pregnancy and birth outcome. With this version Cascades only uses pre-pregnancy weight, BMI-status, and measurements entered for the **current** pregnancy to determine and assign weight-related risks.

Previously Cascades used measurements from a prior pregnancy in some cases.



The Low Weight Gain risk (131) has also been fixed in this release to assign correctly during all trimesters of the pregnancy.

LOW WEIGHT GAIN

The Low Weight Gain (131) risk has 2 parts:

1. Weight gain that plots **below the bottom line** of the appropriate weight gain grid **at any point during the pregnancy**.
2. Weight gain that meets the definition of **low rate of weight gain in the 2nd and 3rd trimesters** from the nutrition risk criteria.



The Low Weight Gain risk (131) definition has two parts:

1. Low weight gain that **plots below the bottom line** of the appropriate prenatal weight gain grid **at any point during the pregnancy**.
2. Weight gain that meets the definition of **low rate of weight gain in the 2nd & 3rd trimesters** from the nutrition risk criteria for the participant's pre-pregnancy weight classification.

LOW WEIGHT GAIN

Low Weight Gain that plots below the bottom line of the prenatal grid

- Requires only 1 weight measurement that plots **below the bottom line** of the appropriate weight gain grid at any time in the pregnancy
- When this occurs, Cascades assigns:
 - “**Low Weight Gain**” in the 1st trimester – not high risk
 - “**Low Weight Gain (2nd & 3rd tri)**” in the 2nd & 3rd trimester – high risk

Example on next slide

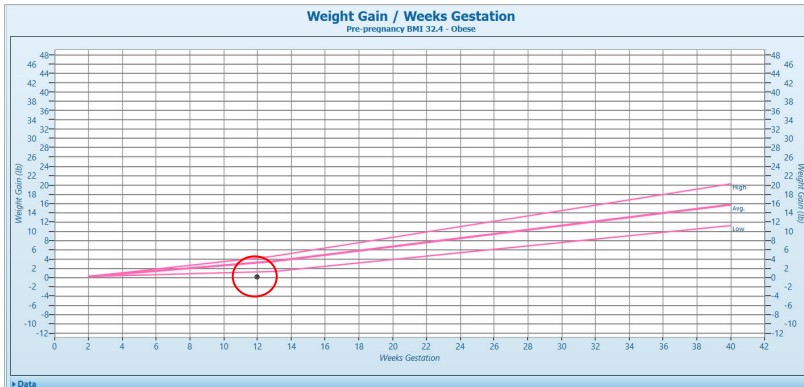
The first part of the Low Weight Gain risk definition includes weight gain that **plots below the bottom line** of the appropriate prenatal weight gain grid **at any point during the pregnancy**. This part of the risk requires only 1 measurement that plots below the bottom line of the grid during any trimester.

If the pregnant participant’s weight plots below the bottom of the grid in the 1st trimester Cascades assigns Low Weight Gain. This isn’t a high risk factor since this can be common in the first trimester of pregnancy.

If the participant’s weight plots below the bottom line of the grid in the 2nd or 3rd trimester Cascades assigns Low Weight Gain (2nd & 3rd tri) which is high risk.

LOW WEIGHT GAIN THAT PLOTS BELOW THE GRID EXAMPLE

Anthro/Lab screen – Prenatal Grid



Assigned Risk Factors screen

Risk Code	Description	High Risk	Priority	Assigned By	Comments
131	Low Weight Gain - BMI \geq 30	I	System		
114	BMI \geq 35	I	System		
332	Two Pregnancies in Two Years	I	System		
321	Spontaneous Abortion (SA)	I	System		

- 1 measurement is entered in Cascades.
- Weight plots below the bottom line of the grid in the 1st trimester.
- Cascades assigns the risk “Low Weight Gain” for the participant’s BMI status.
- The risk isn’t high risk in the first trimester.
- Additional risks are assigned based on information entered in the participant’s file.

The first part of the Low Weight Gain risk (131) is shown in the example.

The participant has only 1 measurement entered in Cascades for the 12th week gestation, which is in the 1st trimester. The weight plots below the bottom line of the prenatal grid for the participant’s pre-pregnant BMI status (≥ 30 BMI). Cascades assigns the Low Weight Gain risk on the Assigned Risk Factors screen. This portion of the risk definition isn’t automatically high risk, although staff can always schedule the participant with the WIC dietitian (WIC RDN) if desired.

Cascades assigns additional risks on the Assigned Risk Factors screen based on information staff enter in the participant’s file.

LOW WEIGHT GAIN

Low Weight Gain in the 2nd & 3rd trimesters

Cascades assigns the high-risk factor “Low Weight Gain – (2nd & 3rd tri)” when:

- 1 measurement plots below the bottom line of the grid in the 2nd or 3rd trimester, **or**
- 2 or more measurements in the **2nd or 3rd trimesters** (taken at least 1 week apart) meet the nutrition risk definition of **low rate of weight gain** for the participant’s pre-pregnant BMI classification

The low rate of weight gain definition from the nutrition risk criteria is shown on next slide

The second part of the Low Weight Gain definition is a **low rate of weight gain** in the **2nd & 3rd trimesters** that either plots below the bottom line of the appropriate weight gain grid, or **meets the definition of a low rate of weight gain** from the nutrition risk criteria. The definition of low rate of weight gain for each pre-pregnancy weight classification is shown on the next slide.

Cascades compares the amount of weight gained per week for measurements taken in the 2nd and 3rd trimester to the amounts from the nutrition risk criteria for the participant’s pre-pregnancy weight classification. The measurements have to be taken at least 1 week apart.

This is a high risk factor since weight gain during this time in the pregnancy is vital for a healthy birth outcome.

LOW WEIGHT GAIN 2ND & 3RD TRIMESTER

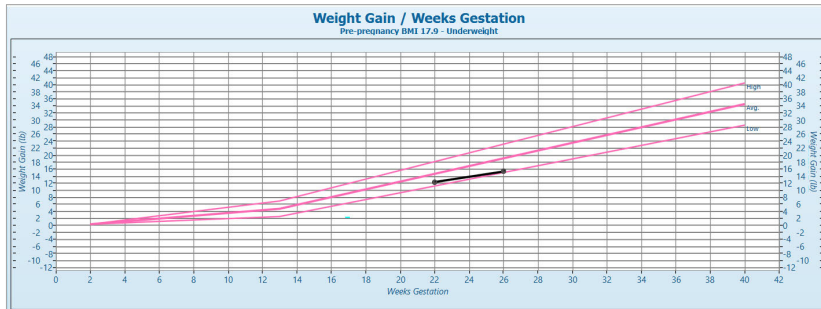
Pre-pregnancy Weight Classification	BMI	Total Weight Lbs./week
Underweight	< 18.5	< 1
Normal weight	18.5 to 24.9	< 0.8
Overweight	25.0 to 29.9	< 0.5
Obese	≥ 30.0	< 0.4
Multi-fetal Pregnancies	Cascades doesn't assess low weight gain for multi-fetal pregnancies	

The table of weight gain per week in the 2nd & 3rd trimesters comes from the nutrition risk criteria. Cascades will assign the Low Weight Gain 2nd & 3rd trimester risk when a pregnant participant's rate of weight gain is less than the amount listed in the table for the participant's pre-pregnant BMI classification.

This portion of the risk wasn't working correctly in Cascades. The rate of weight gain was assessed for the participant's entire pregnancy instead of just the 2nd & 3rd trimester. Cascades 3.7 only applies the rate of weight gain recommended in the table above to the 2nd & 3rd trimesters.

LOW WEIGHT GAIN 2ND & 3RD TRIMESTER EXAMPLE

Anthro/Lab screen – Prenatal Grid



Assigned Risk Factors screen

Risk Code	Description	High Risk	Priority	Assigned By	Comments
904	Secondhand Smoke		1	System	
101	BMI < 18.5		1	System	
X 131	Low Weight Gain - BMI < 18.5 (2nd & 3rd tri)	Yes	1	System	

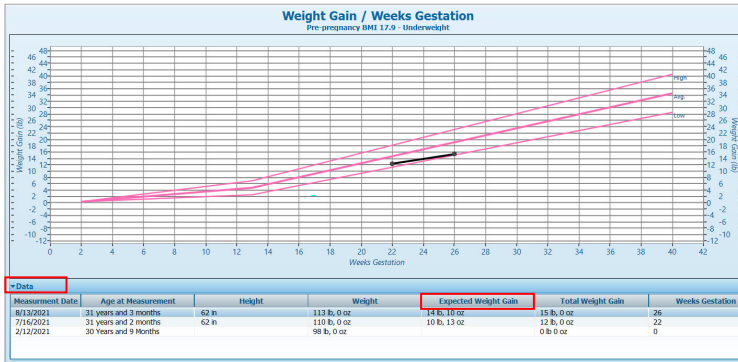
- 2 measurements are entered in Cascades for the 2nd trimester.
- The measurements are 4 weeks apart.
- The weight gain meets the definition of low rate of weight gain. (See next slide for the calculation.)
- Cascades assigns “Low Weight Gain – (2nd & 3rd tri)” for the BMI status.
- The risk is high risk in the 2nd & 3rd trimesters.
- Additional risks are assigned based on information entered in the participant’s file.

The low rate of weight gain for the 2nd & 3rd trimester is shown in the example.

The participant has 2 measurements entered in Cascades during the 2nd trimester taken 4 weeks apart, which meets the requirement to be at least 1 week apart. Although the weight gain plots above the bottom line of the prenatal grid, the rate of weight gain meets the low weight gain definition for the participant’s BMI status. Cascades assigns Low Weight Gain – BMI < 18.5 (2nd & 3rd tri) on the Assigned Risk Factors screen. This is a High Risk factor. The next slide shows the calculation Cascades uses to determine the risk for this participant example.

Cascades assigns additional risks on the Assigned Risk Factors screen based on information staff enter in the participant’s file.

PRENATAL WEIGHT GAIN DATA GRID



Data Grid

- Open the Data Grid by pressing the word “Data” below the prenatal grid
- The Data Grid lists measurements for the current pregnancy

Rate of Weight Gain

Even though the participant’s weight plots above the bottom line of the graph, it **meets the risk definition for low rate of weight gain** from the nutrition risk criteria.

- The participant gained 3 pounds in 4 weeks = 0.75 pounds/week
- The rate of gain falls below the recommendation of 1 pound/week for the participant’s BMI status

Expected weight gain - displayed in the data grid:

- The weight gain **reflected by the bottom line of the graph** for the number of weeks gestation.

Low rate of weight gain - **not** displayed in the data grid:

- The rate of weight gain from the **nutrition risk criteria** for the 2nd & 3rd trimesters that qualifies as low rate of weight gain.

A few notes about the information in the Prenatal Weight Gain Data Grid:

Open the Data Grid by pressing on the word Data below the prenatal weight gain grid. The Data Grid opens and lists the participant’s measurement for the current pregnancy.

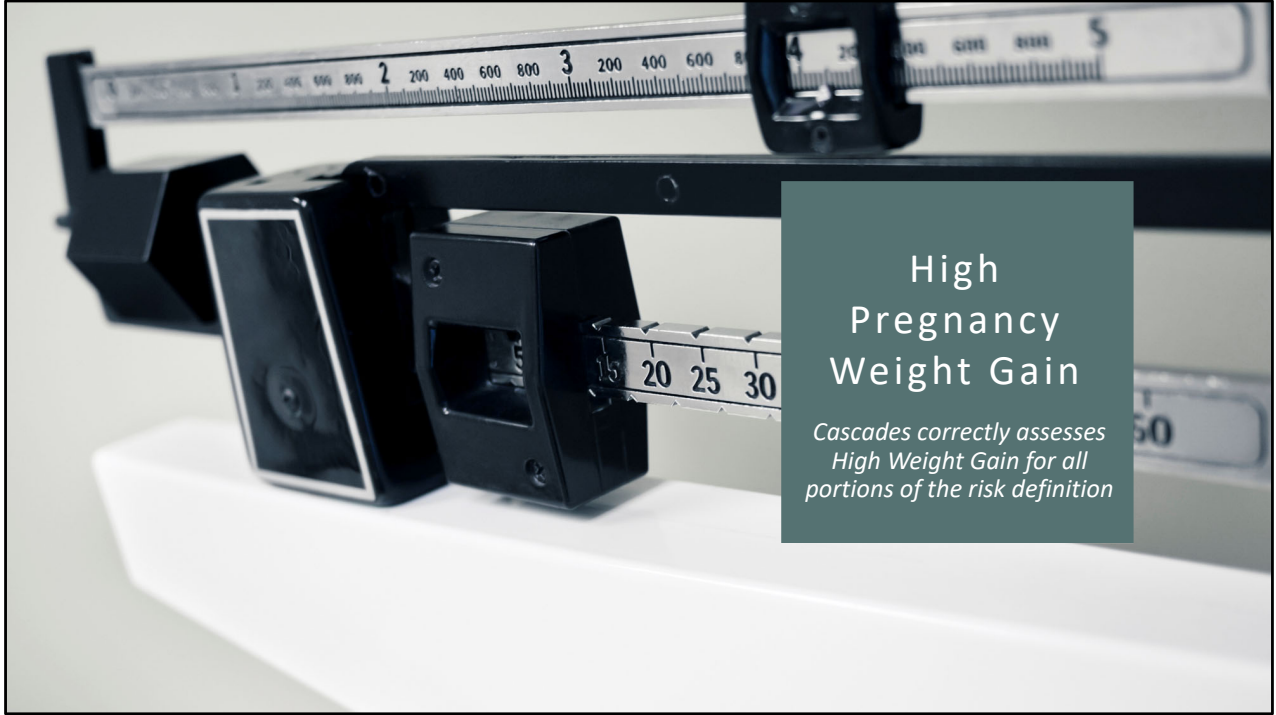
Expected weight gain displays in the data grid. The **expected weight gain amount reflects the bottom line of the graph** for the number of weeks gestation. Cascades assigns the Low Weight Gain risk when the participant’s weight gain falls below the bottom line of the graph at any time in the pregnancy.

Low rate of weight gain during the 2nd & 3rd trimester isn’t displayed in the data grid. The values used to calculate low rate of weight gain in the 2nd & 3rd trimester come from the **nutrition risk criteria**. Even though this information isn’t displayed on the screen, Cascades uses the values from the definition of low rate of weight gain for the participant’s pre-pregnancy BMI status to assign the Low Weight Gain – 2nd & 3rd trimester risk.

In the example shown, the participant’s weight plots above the bottom line of the graph, however, the amount gained was only 3 pounds (110 pounds to 113 pounds) in the 4 weeks between the measurements (week 22 to week 26). That calculates to a rate of 0.75 pounds per week which falls under the 1 pound per week in the risk definition for the

participant's pre-pregnant BMI status.

Note: In the example the participant's pre-pregnant BMI category is > 18.5 which is considered Underweight. Cascades displays the participant's exact BMI at the top of the grid, in this case 17.8.



High Weight Pregnancy Gain (risk 133) is also fixed in this release to assess risk correctly.

HIGH WEIGHT GAIN

The High Weight Gain (133) risk has 2 parts:

1. High weight gain that plots **above the top line** of the appropriate weight gain grid **at any point during the pregnancy**.
2. **Weight gain in the 2nd and 3rd trimesters** that meets the **definition of high rate of weight gain** from the nutrition risk criteria.



The High Weight Gain risk (133) definition also has two parts:

1. High weight gain that **plots above the top line** of the appropriate prenatal weight gain grid **at any point during the pregnancy**.
2. Weight gain in the **2nd & 3rd trimesters** that **meets the definition of high rate of weight gain** for the participant's pre-pregnancy weight classification from the nutrition risk criteria.

HIGH WEIGHT GAIN

High Weight Gain that plots above the top line of the prenatal grid

- Requires only 1 weight measurement that plots **above the top line** of the appropriate weight gain grid
- Can occur at any point in the pregnancy
- Cascades assigns “High Weight Gain” – staff no longer have to manually assign this risk factor
- Is high risk factor

Example on next slide

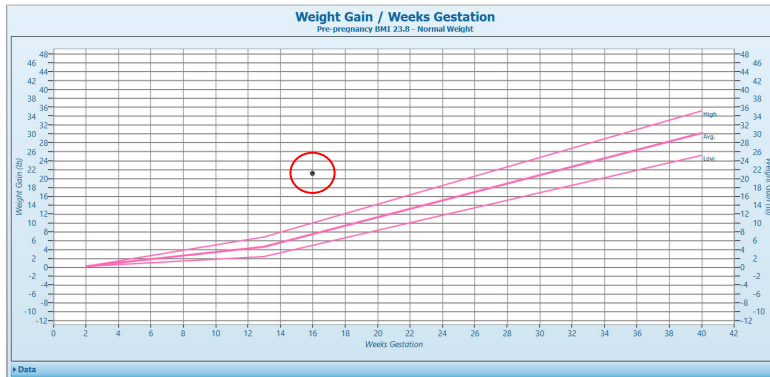
The first part of the High Weight Gain risk definition includes weight gain that **plots above the top line** of the appropriate prenatal weight gain grid **at any point during the pregnancy**.

- Requires only 1 weight measurement that plots above the top line of the appropriate prenatal grid for the participant’s pre-pregnant BMI.
- Can occur at any point in the pregnancy (any trimester).
- Cascades assigns the High Weight Gain risk factor when this occurs.
- High Weight Gain is a high risk factor.

Cascades wasn’t assessing for this portion of the risk definition previously. Staff had to review the participant’s prenatal grid and manually select the High Weight Gain risk. Cascades will now assess for and assign the risk when the participant’s weight plots above the top line of the appropriate prenatal weight gain graph at any point in the pregnancy. Staff won’t have to manually assign this risk.

HIGH WEIGHT GAIN THAT PLOTS ABOVE THE GRID EXAMPLE

Anthro/Lab screen – Prenatal Grid



Assigned Risk Factors screen

Risk Code	Description	High Risk	Priority	Assigned By	Comments
X 133	High Weight Gain - BMI 18.5 - 24.9	Yes	1	System	

- 1 measurement is entered in Cascades.
- Weight plots above the top line of the grid in the 2nd trimester.
- Cascades assigns the High Weight Gain risk for the participant's BMI status.
- The risk is high risk.
- Additional risks are assigned based on information entered in the participant's file.

The first part of the High Weight Gain risk (131) definition is shown in the example.

The participant has 1 measurement entered in Cascades for the 16th week gestation, which is in the 2nd trimester. The weight plots above the top line of the prenatal grid for the participant's pre-pregnant BMI status of 23.8. This falls in the Normal Weight BMI classification which is 18.5 – 24.9 BMI. Cascades assigns the High Weight Gain risk on the Assigned Risk Factors screen. This risk is high risk.

Cascades assigns additional risks on the Assigned Risk Factors screen based on information staff enter in the participant's file.

HIGH WEIGHT GAIN

High Weight Gain in the 2nd & 3rd trimesters

- Requires 2 or more measurements taken in the **2nd or 3rd trimesters** that are at least 1 week apart.
- Cascades compares the rate of weight gain to the nutrition risk criteria definition (see next slide).
- Cascades assigns the High Weight Gain risk
 - There isn't a separate 2nd & 3rd trimester risk for high weight gain at this time
 - High risk factor



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The second part of the High Weight Gain definition is a **high rate of weight gain** in the **2nd & 3rd trimesters** that meets the definition from the nutrition risk criteria. The high rate of weight gain for each pre-pregnancy weight classification is shown on the next slide.

- This portion of the risk requires 2 or more measurements taken in the 2nd or 3rd trimesters that are at least 1 week apart.
- Cascades compares the rate of weight gain to the nutrition risk criteria definition.
- Cascades assigns the High Weight Gain risk factor. There isn't a separate risk for high weight gain in the 2nd & 3rd trimester at this time.
- This is a high risk factor.

There were two issues with this risk calculation previously. Cascades was using the rate of weight gain for the whole pregnancy instead of just the 2nd & 3rd trimesters and was using measurements from previous pregnancies in some cases. These issues were fixed with this version of Cascades.

HIGH WEIGHT GAIN 2ND & 3RD TRIMESTER

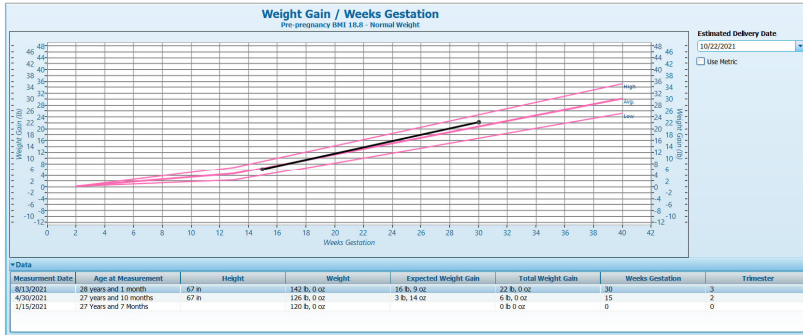
Pre-pregnancy Weight Classification	BMI	Total Weight Lbs./week
Underweight	< 18.5	> 1.3
Normal weight	18.5 to 24.9	> 1
Overweight	25.0 to 29.9	> 0.7
Obese	≥ 30.0	> 0.6
Multi-fetal Pregnancies	Cascades doesn't assess high weight gain for multi-fetal pregnancies	

The table of high weight gain in the 2nd & 3rd trimesters comes from the nutrition risk criteria. Cascades will assign the High Weight Gain risk when a pregnant participant's rate of weight gain is greater than the amount per week in the 2nd & 3rd trimesters listed in the table for the participant's pre-pregnant BMI classification.

Cascades 3.7 only applies the rate of weight gain in the table above to the 2nd & 3rd trimesters to determine this risk.

HIGH WEIGHT GAIN 2ND & 3RD TRIMESTER EXAMPLE

Anthro/Lab screen – Prenatal Grid



Assigned Risk Factors screen

Risk Code	Description	High Risk	Priority	Assigned By	Comments
133	High Weight Gain - BMI 18.5-24.9	Yes	1	System	

- 2 measurements are entered in Cascades for the 2nd & 3rd trimesters.
- The measurements are at least 1 week apart.
- Even though the weight gain plots within the graph, it meets the high rate of weight gain definition.
- Cascades assigns the High Weight Gain risk for the participant's BMI status.
- The risk is high risk.
- Additional risks are assigned based on information entered in the participant's file.

The second part of the High Weight Gain risk (133), for the 2nd & 3rd trimester, is shown in the example.

The participant has 2 measurements entered in Cascades during the 2nd & 3rd trimesters taken at least a week apart. The weight gain plots within the top and bottom lines of the prenatal grid; however, the **rate of gain meets the definition from the nutrition risk criteria** for the participant's BMI status. In the 15 weeks between the measurements (week 15 to week 30) the participant gained 16 pounds (126 pounds to 142 pounds). This calculates to a rate 1.07 pounds gained per week which meets the high weight gain definition of gaining more than 1 pound a week in the 2nd and 3rd trimesters.

Cascades assigns the High Weight Gain risk on the Assigned Risk Factors screen. There isn't a separate risk for high weight gain in the 2nd & 3rd trimesters in Cascades at this time.

Cascades assigns additional risks on the Assigned Risk Factors screen based on information staff enter in the participant's file.

LOW & HIGH WEIGHT GAIN

It's possible to have BOTH low and high weight gain at the same time

- A participant's weight gain can meet the definition for both low and high weight gain at the same time.
- Cascades assesses for, and assigns, these risks when they apply.
- Staff use critical thinking when sharing information about the weight gain graph and nutrition education.

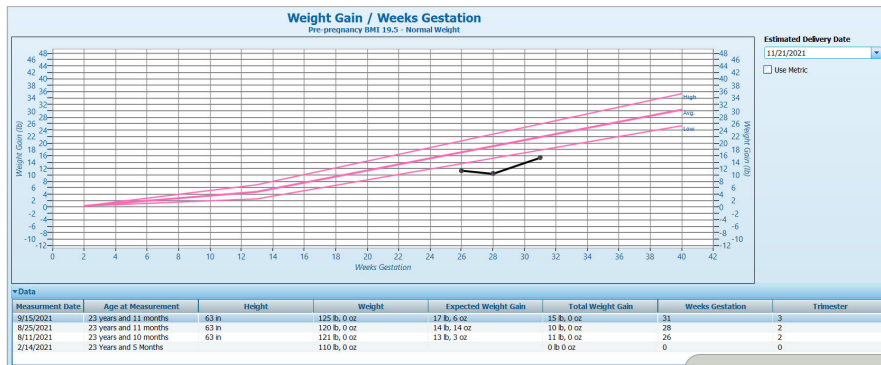


Although it doesn't happen often, it is possible for a pregnant participant's weight gain to meet the definition for BOTH high and low weight gain at the same time.

Cascades assesses all aspects of prenatal weight gain and assigns risks when a nutrition risk criteria definition is met.

Seeing both the Low Weight Gain and High Weight Gain risks can be confusing. It's important for staff to use critical thinking when sharing information about the prenatal weight gain grid and nutrition education in this situation.

LOW & HIGH WEIGHT GAIN EXAMPLE



Low Weight Gain

The participant's weight plots below the bottom line of the graph

High Weight Gain

The rate of weight gain in the 2nd & 3rd trimesters meets the risk criteria definition

See the Notes hand-out for more information about the calculations used for the risk assessment

In this example both low and high weight gain risks apply.

Low Weight Gain – all the measurements entered for this participant plot below the bottom line of the prenatal graph which meets the definition for low weight gain plotting below the prenatal weight gain grid at any point in the pregnancy.

Calculation/Risk Assessment:

All weight measurements are below the expected weight gain (plot below the bottom line of the prenatal grid).

26 weeks gestation: Expected Gain = 13 pounds, 3 ounces; Total weight gain (actual) = 11 pounds

28 weeks gestation: Expected Gain = 14 pounds, 14 ounces; Total weight gain (actual) = 10 pounds

31 weeks gestation: Expected Gain = 17 pounds, 6 ounces; Total weight gain (actual) = 15 pounds

High Weight Gain – The participant's last two measurements represent a weight gain that meets the definition of high rate of weight gain for the 2nd & 3rd trimesters for a pregnant participant in the Normal BMI classification (18.5 – 24.9).

Calculation/Risk Assessment:

In 3 weeks (week 28 to week 31) gained 5 pounds (120 pounds to 125 pounds) = 1.7 pounds/week. This exceeds the nutrition risk criteria of > 1 pound/week for a Normal Weight pregnant participant in the 2nd and 3rd trimesters.

MULTIFETAL LOW & HIGH WEIGHT GAIN

Cascades doesn't assess Low or High Weight Gain for Multifetal pregnancies



- Cascades won't assign Low or High Weight Gain risks when staff document more than "1" for the **Number of Fetuses this Pregnancy** (located on the Health Information screen).
- Staff assess and **manually** select appropriate weight gain risks on the Assigned Risk Factors screen.
 - Multiples prenatal grids are on the WIC website
- We plan to add multifetal prenatal weight gain grids and the risk calculation in a future release.

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Cascades doesn't have multifetal weight gain grids, so it doesn't assess for Low or High Weight Gain risks for participants who are pregnant with multiples. (Staff document multiples pregnancies by entering more than "1" in the Number of Fetuses this Pregnancy field on the Health Information screen.)

Staff assess for these risks by reviewing the singleton grid and manually selecting the appropriate risk on the Assigned Risk Factors screen. The multifetal weight gain grids are available on the WIC website to print and plot manually.

We plan to add the multifetal grids to Cascades in the future and have the system assess for and assign these risks.



Transfer Into State

*Children who turned 5 years old
Infants certified between 7 – 12
months of age*

This version corrects two issues for participants who transfer into Washington WIC from another state.

TRANSFER INTO STATE



Transfer Into State during the month a child turns 5

- Children are eligible **through** the month they turn 5 years of age.
- Cascades will now allow staff to **create the participant file and transfer the child in** after the 5th birthday, but before the end of the month when the eligibility expires.
- Staff can't complete a certification on or after the 5th birthday.

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Children, by federal regulation, are eligible through the month they turn 5 years old. Previously Cascades wouldn't let staff create a new participant file or transfer a child into state on or after the 5th birthday even though they had eligibility remaining.

Cascades will now allow staff to create the participant record and transfer the child in during the month they turn 5 and provide the full eligibility period. Previously staff couldn't create the participant file or transfer the child in with current eligibility on the transfer card on or after their 5th birthday.

Although you can now create the participant record in the month a child turns 5 years old, **Cascades follows federal rules and won't allow staff to complete a certification for a child on or after the 5th birthday.**

TRANSFER INTO STATE EXAMPLE

CASCADES 3.7 ENHANCEMENT RELEASE

Participant Demographics screen

TRANSFERINTOSTATE Family
Family ID: F00100000265
123 MAIN STREET
OLYMPIA, WA 98501

General Information

Identity Information

Last Name ★ First Name ★ M.I.

Nickname Suffix Gender

Proof of Identification ★ **Date of Birth**

WIC Category Age

Transfer Into State screen

TRANSFERINTOSTATE Family
Family ID: F00100000265
123 MAIN STREET
OLYMPIA, WA 98501

VOC

VOC Information

Certification Start Date ★ Certification End Date ★

Expected Delivery Date Actual Delivery Date

Does child have a health risk? High risk?

- The family transferred to Washington WIC on 8/19/2021.
- The child turned 5 years old 8/12/2021.
- The transfer card shows the certification started 8/6/2020 and ends 8/31/2021.
- Staff created the child's file **after** the 5th birthday and transferred in with the **full eligibility period** through the end of the month.

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In this example the TransferIntoState family moved to Washington from Alaska. Their oldest child was certified in Alaska last year and the eligibility period began on August 6, 2020 and ends on August 31, 2021.

The family transferred into Washington WIC on August 19th. The child turned 5 years old on August 12th.

Staff created the child's file on August 19th after the child's 5th birthday and were able to give the full eligibility period, which goes through the end of the month.

TRANSFER INTO STATE

Transfer Into State when certified between 7 and 12 months of age

- Infants certified between 7 and 12 months of age receive a **6-month eligibility period**.
- Cascades now allows staff to transfer the infant in and provide 6 months of eligibility and not end eligibility at the end of the month they turn 1 year of age.
 - Previously Cascades wouldn't allow the certification end date past the end of the month the infant turned one.
- Staff can transfer the infant in at any time during the eligibility period (before or after the 1st birthday).



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Federal regulations require infants certified between 7 and 12 months of age receive a 6 month eligibility period, instead of ending the eligibility at the end of the month the infant turns 1 year of age.

Cascades now allows staff to provide the full 6 month eligibility period when transferring into state. Previously Cascades wouldn't allow staff to enter a Certification End Date past the end of the month the infant turned 1 year of age.

TRANSFER INTO STATE EXAMPLE

CASCADES 3.7 ENHANCEMENT RELEASE

Participant Demographics screen

General Information

Identity Information

Last Name ★ TRANSFERINTOSTATE First Name ★ INFANT M.I.

Nickname Suffix Gender Female

Proof of Identification ★ Immunization record Date of Birth 9/29/2020

WIC Category Infant Age 10 months

TRANSFERINTOSTATE Family

Family ID: F00100000265
123 MAIN STREET
OLYMPIA, WA 98501

VOC

VOC Information

Certification Start Date ★ 5/23/2021 Certification End Date ★ 11/30/2021

Expected Delivery Date Actual Delivery Date

Does child have a health risk? High risk?

Transfer Into State screen

- The infant was born 9/29/2020 and was certified on 5/23/2021 at 8 months of age.
- The transfer card shows the certification started 5/23/2021 and ends 11/30/2021 (after the 1st birthday).
- Staff transferred the participant in with the **full 6-month eligibility period** (to the end of the month). Cascades didn't end eligibility at the end of the 12th month.

Cascades provides the correct food benefits based on participant age

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Our TransferIntoState family who transferred from Alaska to Washington WIC has an infant who was born September 29, 2020 and certified in Alaska at 8 months of age. The transfer card shows a 6-month eligibility period. The Certification Start Date was May 23, 2021 and the Certification End Date is November 30, 2021.

Staff were able to transfer in with the 6 month eligibility period. Cascades previously wouldn't allow staff to enter a Certification End Date past the end of the month the infant turned 1 year of age.



Presumed
Participant
with Missing
Proof(s)

*Proofs are required before
completing the assessment and
issuing additional benefits*

PRESUMED ELIGIBLE (PE) WITH MISSING PROOF

Presumed Eligible (PE) participants terminated for missing proofs then reinstated

- After reinstating a terminated PE participant for missing proofs, **staff must enter the proofs** and complete the assessment in order to issue additional benefits.
- Cascades previously released the Temporary Certification End Date for PE participants reinstated after being terminated for missing proofs, but staff didn't enter the proof.
- This version of Cascades fixes the issue.

During the COVID-19 waiver period staff can use the **COVID-19 proof selection** for participants who can't provide proofs due to remote services.

The Cascades Winter 2020 Release fixed an issue for missing proofs for most participants. Unfortunately, that release didn't fix the issue where Cascades released the Temporary Certification End Date for presumed participants who were reinstated after being terminated for missing proofs, but staff didn't enter the missing proof documentation in the participant's file. This version fixes that issue.

When staff reinstate the presumed participant terminated for missing proofs, they must now **enter the proof selection and complete the assessment** prior to issuing additional benefits.

This new function may not be noticeable until we return to in-person services. During the COVID-19 waiver period staff can use the COVID-19 proof selection for participants who can't provide proofs due to remote services.

A FEW MORE LITTLE THINGS

- Family IDs (not names) display in the Journal of Transactions when transferring individuals between families
- Family Services Analysis screen error is fixed
- Staff can view scanned documents
- Detailed Participant Information pop-up shows completely
- Spell Check icon displays completely



There were some additional changes and fixes in this release of Cascades.

JOURNAL OF TRANSACTIONS

The Journal of Transactions now displays **Family ID's** instead of names **when transferring individuals between families in Cascades**

The screenshot displays the JOT interface with the following sections:

- Transaction Criteria:** Includes dropdowns for 'Select Participant or Family' (set to 'All'), 'Select Activity' (set to 'All'), and date pickers for 'Start Date' (7/16/2021) and 'End Date' (8/18/2021). A 'Search' button is present.
- Transaction History:** A table with columns: Occurrence Date, Activity Description, Participant Name, Staff Name Modified, and Staff Name Created. It shows four entries, with the last one highlighted in red: '8/17/2021 Transfer Individual From One Family To Another Family TRANSFER EXAMPLE Osorio Maria Osorio Maria'.
- Transaction Details:** A summary section for the selected transaction, including 'Transfer Date' (8/17/2021), 'Participant Name' (TRANSFER EXAMPLE), 'Activity Description' (Transfer Individual From One Family To Another Family), and 'Staff Name Modified' (Osorio Maria). A red box highlights the 'From Family' (LF11303212) and 'To Family' (F0320000786) fields.

Journal of Transactions (JOT) screen

- Provides **confidentiality** for foster and birth families.
- Helps state and local staff **find the original family more easily when needed** - especially when the family has a common name.

The Journal of Transactions, or JOT, now displays Family ID's instead of names when transferring individual participants between families in Cascades.

This change provides more confidentiality for foster and birth families. It also helps state and local staff find the original family more easily when the family has a common name. This makes problem solving more efficient.

FAMILY SERVICES ANALYSIS

CASCADES 3.7 ENHANCEMENT RELEASE

Family Services Analysis screen

- Open the Family Services menu at the top of the screen and select Family Services Analysis.
- After entering a date range, the screen now opens without an error message.
- Staff see only the agencies and clinics for which they have permission.

Local Agency Statistics

- Click on an agency to see general statistics for appointments.
- Choose Appointments to learn more about the specific appointments during the date range entered.
- Choose Functional Statistics to see how often staff use different screens in Cascades and how much time is spent on each one.

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The Family Services Analysis screen is accessed through the Family Services menu at the top of the screen. Once staff enter a date range the screen now opens without an error message.

Staff will only see the agencies and clinics for which they have permission.

Staff can choose to see more details for appointments or functional statistics.

Appointments:

Shows the appointments that occurred during the date range entered including the type, participant name, wait time and the total time for the appointment.

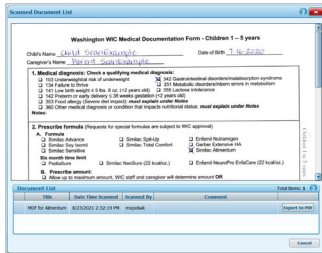
Functional Statistics:

Shows information about each screen in Cascades (Function Name) and statistics about how often staff used the screen, how long spent on the screen and the average time spent on the screen.

A FEW FIXES

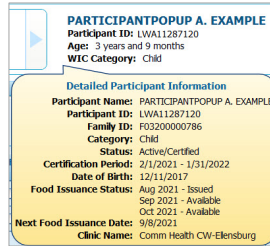
Scanned documents

In Cascades 3.6 staff couldn't view scanned documents, this issue is now fixed in 3.7.



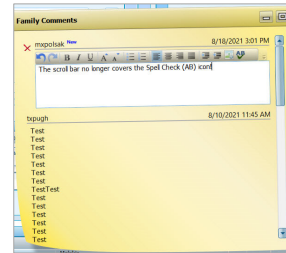
Participant Detail Popup

The Detailed Participant Information pop-up now shows completely and isn't cut off.



Spell Check Icon

3.7 fixes the issue where the Spell Check Icon on Sticky Notes was cut-off when there was a scroll bar.



Scanned documents: In Cascades 3.6 staff could scan a document, but then not be able to view it. This issue is fixed in 3.7 and staff can view scanned documents as shown in the example.

Participant Detail Popup: The pop-up was cut off in the previous version of Cascades. Staff can now see all the participant details in the popup.

Spell Check Icon: The spell check icon (the AB) was cut off in the previous version when there were multiples notes and a scroll bar was needed. This is also fixed as shown in the slide.

Getting the new version

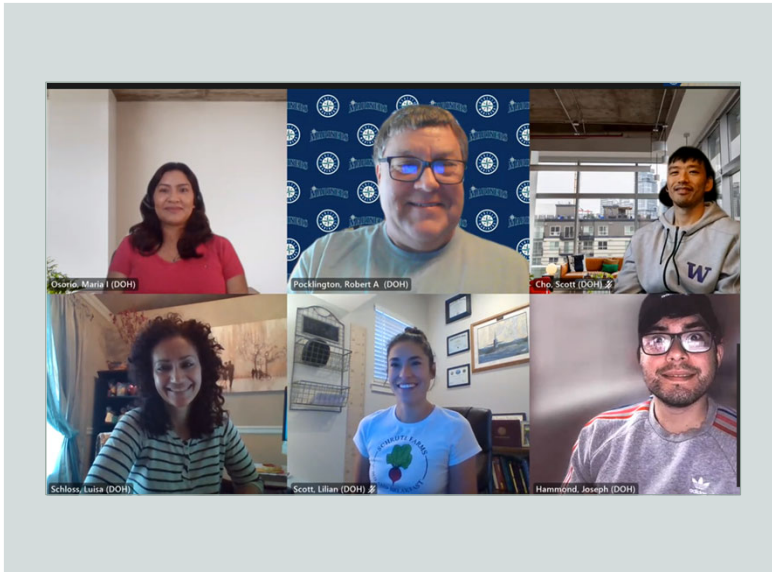
Log in to Cascades on or after Monday, October 18th to start using Cascades 3.7.

It may take a little longer to load Cascades the first time you log in.



Getting the latest version of Cascades is as easy as logging in! You'll receive and use the new version when you log in on or after Monday, October 18th.

When you log in for the first time on or after the implementation date, it will take Cascades a little bit longer to load the new version.



Cascades Support

Call or email Cascades Support with any issues or questions about the software.

- Cascades.Support@doh.wa.gov
- 1-800-841-1410, choose option 3, then option 2

Cascades Team

Bob Pocklington, Supervisor
Luisa Schloss, Team Lead
Maria Osorio
Lili Scott
Scott Cho
Joseph Hammond

As always, Cascades Support is here to help with any issues or questions about the Cascades software. You can email Cascades.Support@doh.wa.gov or call 1-800-1410, choose option 3, then option 2.

Here are the friendly faces behind the friendly voices! Your Cascades Support team consists of:

Bob Pocklington, Supervisor
Luisa Schloss, Team Lead
Maria Osorio
Lili Scott
Scott Cho
Joseph Hammond



Policy Support

Call or email Policy Support with any issues or questions about policy or procedure.

- wicpolicysupport@doh.wa.gov
- 1-800-841-1410, choose option 3, then option 1

Policy Support Team

State WIC Clinic Operations staff, includes:

- Breastfeeding and Foods Team
- Local Program Consultants
- Training Team

The Policy Support team consists of the state WIC office Clinic Operations Team. The team consists of the Breastfeeding and Foods Team, Local Program Consultants and the Training Team. These staff are well versed in state WIC policy and sign up for support shifts. You can email policy support at wicpolicysupport@doh.wa.gov or call 1-800-1410, choose option 3, then option 1.



THANK
YOU

*What you do every day
makes a difference
to make so many futures
that much brighter*

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We thank you for all you do. In the busy hustle and bustle of WIC it may be easy to forget that what you do every day makes a difference. It makes many lives and many futures much brighter.

You make a difference in the world. Thank you.

Washington WIC



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